



Please use a separate form for each child.

REGISTRATION FORM

DEEP SEA ADVENTURES is a holiday club for ages 5 - 10 years from 25th - 29th August 2020 hosted by Rochester Baptist Church at Moat House, Crow Lane.

Activities including games, craft, songs and Bible stories, run from 09:30 to 12:30 everyday on Tuesday to Friday. Saturday will be full of activities, including a free lunch, to which all the family are invited.

Please return completed forms to: Deep Sea Adventures Team, Moat House, Crow Lane, ME1 1RF or drop them off at the Moat House Bookshop by **17th July 2020**. If you have any questions, please contact Nick & Lydia at moathouse.holidayclub@gmail.com

Child's Full Name: _____

Gender: Male ☐

Female ☐

Date of birth: _____

If your child is attending with a friend, please let us know their name as it may help when organising the children into groups.

Friend's name: _____

Parent's/guardian's full name: _____

Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

USE OF DIGITAL IMAGES

We may take digital photographs and video recordings of children who attend **DSA**. Images may be used by Rochester Baptist Church for display, presentation or on the official website. Images will not be used outside of church activities and will not be loaded onto any other website.

We will not use the personal details of any child in any text associated with the images on our website or any of our printed information. We will only use images of children that are suitably dressed and behaving appropriately.

Child's Full Name: _____

1. I give permission for you to take photographs or video recordings of my child for the sole use of **DSA** or church activities?

Yes ☐

No ☐

2. I give permission for you to use my child's image on our church website?

Yes ☐

No ☐

All parents/guardians who take images of their own children whilst at **DSA** are asked not to upload these images onto social media websites, or to only do so if they have sought permission from the parents/guardians of every child who features in that image.

I have read and understand the conditions of use on this form.

Signature of parent/guardian: _____

Date: _____

MEDICAL CONSENT FORM

Child's Full Name: _____

Emergency Contact Name (1): _____

Telephone: _____

Emergency Contact Name (2): _____

Telephone: _____

GP's name: _____

GP's telephone: _____

Please describe relevant medical or special educational needs information, including any allergies and medications:

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Yes ☐

No ☐

I confirm that the data entered in these forms are complete and correct to the best of my knowledge. I have read and understand the conditions of use on this form.

Signature of parent/guardian: _____

Date: _____

GDPR Consent Form

In order to comply with the new General Data Protection Regulations (GDPR), we require your consent to process and store your personal data provided in the attached forms. A copy of the church's Privacy Notice is available on the church's website: www.rochesterbaptist.co.uk. The data recorded within these forms will be entered into the **DEEP SEA ADVENTURES** Holiday Club database for the purpose of registering each child.

Child's Full Name: _____

I give permission for you to contact me by email prior to and during the Holiday Club for purpose of reminding you and updating you with any Holiday Club details.

Yes ☐

No ☐

I give permission for you to contact me by email about future church events after the 2020 Holiday Club, including the next year's Holiday Club.

Yes ☐

No ☐

Data entered in the Medical Consent form is considered sensitive and therefore we require explicit consent to process and store it. This data may be shared with medical professionals in the unlikely event of illness or accident.

I give permission for you to process and store the data on the Medical Consent Form.

Yes ☐

No ☐

All data will be stored on a secure computer and a locked cabinet until 31st August 2023, after which it will be destroyed. All data will be shared on a need to know basis with those involved with running the Holiday Club. If at any time, you would like to withdraw your consent for us to process and store your personal details then please contact Nick & Lydia at moathouse.holidayclub@gmail.com.

I confirm that the data entered in these forms are complete and correct to the best of my knowledge. I have read and understand the conditions of use on this form.

Parent's/guardian's full name: _____

Signature of parent/guardian: _____

Date: _____